

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH****COVER SHEET PG 1**

2003 JUL 14 PM 3:40

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI John H.			OFFICE USE ONLY		
	NICKNAME LAST SUFFIX Sanders					
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5019 Lakewood San Antonio, Texas 78220			Date Received		
				Date Hand-delivered or Date Postmarked		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Dr Howard			Receipt # Amount		
	NICKNAME LAST SUFFIX Anderson			Date Processed		
					Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 101 Hub Ave San Antonio, Texas 78220					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 227-5824					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05 / 18 / 03 06 / 30 / 03					
10 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **					
	Name					
	Address / PO Box: Apt. / Suite #: City: State: Zip Code					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

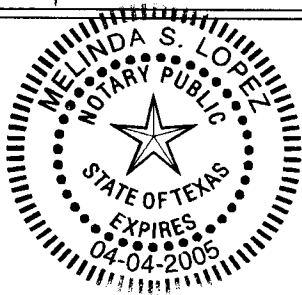
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FORM C/OH
COVER SHEET PG 2

2003 JUL 14 PM 3:40

14 C/OH NAME		15 ACCOUNT # (Ethics Commission filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY		<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED	\$ - 0 -
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1675.00
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS. UNLESS ITEMIZED	\$ - 0 -
	4.	TOTAL POLITICAL EXPENDITURES	\$ 1771.87
	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John H. Sanders

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John H. Sanders, this the 14th day of July, 2003, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 14 PM 3:40

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME John H. Sanders		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/25/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Buddy F. Ford	7 Amount of contribution (\$) \$300.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 825 E. Locust St San Antonio, Texas 78212			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/27/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Charles E. Williams, Sr	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code #514 Sisk San Antonio, Texas 78220			
Principal occupation (Optional)		Employer (Optional)	
Date 5/20/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Ernest W. Bromley	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 104 E. Elsmere San Antonio, Texas 78212			
Principal occupation (Optional)		Employer (Optional)	
Date 5/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) John M. Schaefer	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8620 N. New Braunfels San Antonio, Texas 78217			
Principal occupation (Optional)		Employer (Optional)	
Date 5/21/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Frank A. Dunn	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 7022 Congressional Blvd. San Antonio, Texas 78244			
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

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2 FILER NAME John H. Sanders		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/23/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gary W. Houston	7 Amount of contribution (\$) \$175.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 116 King William St San Antonio, Texas 78204			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 5/18/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Navarra R. Williams	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 511 Possum Oak San Antonio, Texas 78230			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

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POLITICAL EXPENDITURES

SCHEDULE F

2003 JUL 14 PM 3:41

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

John A. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/19/03

5 Payee name

James Turner

7 Amount (\$)

232.21

6 Payee address;

City; State; Zip Code

2233 S.E. Military Dr Ste. 1
San Antonio, Texas 78239

8 Purpose of payment (See instructions regarding type of information required.)

Campaign
Office Manager

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/29/03

Payee name

T-Mobile

Amount (\$)

177.48

Payee address;

City; State; Zip Code

7900 N IH 35
San Antonio, Texas 78220

Purpose of payment (See instructions regarding type of information required.)

Campaign Phones

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/22/03

Payee name

Crumrine Printer

Amount (\$)

488.64

Payee address;

City; State; Zip Code

2030 E. Houston St
San Antonio, Texas 78202

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/19/03

Payee name

Crumrine Printer

Amount (\$)

819.40

Payee address;

City; State; Zip Code

2030 E. Houston St
San Antonio, Texas 78202

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

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SCHEDULE F

2003 JUL 14 PM 3:41

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

John A. Sanders

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/18/03

5 Payee name

U.S. Postal Service

6 Payee address; City; State; Zip Code

10250 John Saunders
San Antonio, Texas 78235

7 Amount (\$)

\$22.20

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/29/03

Payee name

Four Ten Diner

Payee address; City; State; Zip Code

8315 Broadway
San Antonio, Texas 78209

Amount (\$)

\$31.94

1777.89

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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